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S. WARREN

AUG 09 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North American Distributor Councils, Inc., an Ohio Nonprofit Corporation
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Duncan J. Farmer, Esq.

Name of Person

Law Offices of Duncan J. Farmer

Firm/Company

5165 Woodland Lakes Drive

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

mpjafarm@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Duncan J. Farmer

at (561)

281-7713

Name of Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

North American Distributor Councils, Inc.

1. _____
(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. 27-0179231
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 30, 2009 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 835 W. Goodale Ave, Columbus, Ohio 43212
(Principal office address)

5165 Woodland Lakes Drive, Palm Beach Gardens, FL 33418
(Current mailing address, if different)

8. Non profit association to promote communications, develop policies and programs that benefit member distributors in OEM relationships
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

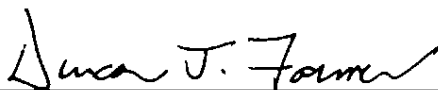
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Duncan J. Farmer
Office Address: 5165 Woodland Lakes Drive
Palm Beach Gardens, Florida 33418
(City) (Zip Code)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors

A. DIRECTORS

John C. Cosgrove
Chairman: _____
9200 Liberty Drive, Liberty, MO 64068
Address: _____

Michael Gross
Vice Chairman: _____
2250 Argentia Road, Toronto, ON L5N6A5
Address: _____

John Merrifield
Director: _____
1405 Maple, Plymouth, MI 48170
Address: _____

John F. Farmer
Director: _____
8330 State Road, Philadelphia, PA 19136
Address: _____

B. OFFICERS

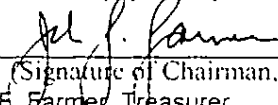
John C. Cosgrove
President: _____
9200 Liberty Drive, Liberty, MO 64068
Address: _____

N/A
Vice President: _____
Address: _____

Duncan J. Farmer
Secretary: _____
5165 Woodland Lakes Drive, Palm Beach Gardens, FL 33418
Address: _____

John F. Farmer
Treasurer: _____
8330 State Road, Philadelphia, PA 19136
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
John F. Farmer, Treasurer

14. _____
(Typed or printed name and capacity of person signing application)

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JUL 27 2017

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NORTH AMERICAN DISTRIBUTOR COUNCILS, INC., an Ohio not for profit corporation, Charter No. 1854290, having its principal location in Columbus, County of Franklin, was incorporated on April 30, 2009 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 2nd day of August, A.D. 2017.*

Jon Husted

Ohio Secretary of State

Validation Number: 201721401752